



American
Hospital
Association



2002 Annual Survey of Hospitals

25-11006

Fid Number: _____

PLEASE RETURN DIRECTLY TO:

Hospital Name

Address

City

County

Zip

Texas Department of Health
Center For Health Statistics
1100 West 49th Street
Austin, Texas 78756-3199

Phone (512) 458-7261

Fax (512) 458-7344

The 2002 Cooperative Annual Survey is enclosed. This survey represents the eighteenth year of cooperation between the Texas Department of Health (TDH), the American Hospital Association (AHA), and the Texas Hospital Association (THA). In an effort to reduce the reporting burden on Texas hospitals, TDH and AHA continue to combine their annual survey into a single questionnaire.

The 2002 TDH/AHA/THA Annual Survey of Hospitals is available online! We recommend that you use this web-based tool (click on www.ahasurvey.org or www.tdh.state.tx.us/dpa/survey) as it will enable you to submit data online making it easier and more efficient for you to respond.

State laws (Health and Safety Code, Chapters 104 and 311) require the Texas Department of Health to collect aggregate financial, utilization, and other data from all licensed hospitals. The survey also incorporates some data components used to determine which hospitals qualify for the Medicaid Disproportionate Share Hospital Program. Therefore, it is extremely important that all sections of the survey be completed fully and accurately.

This survey provides the state's only comprehensive source of information on issues such as uncompensated care and hospital utilization trends. The survey findings are used by legislators, state agencies, and research institutions to support the development of health policy and accompanying programs. The survey also provides data for AHA and THA to assess the current status of the hospital industry and to enable them to provide effective representation and advocacy.

According to the rules adopted by the Texas Board of Health, **ALL HOSPITALS ARE REQUIRED TO SUBMIT THE SURVEY DATA WITHIN 60 DAYS OF RECEIPT OF THIS SURVEY FORM.** Your **timely** completion of this Annual Survey will fulfill your reporting obligation under Texas statutes. It will also ensure the inclusion of your facility's utilization data in **The AHA Guide** for 2002.

Please read the instructions for completion carefully. If you have any questions, please contact the Texas Department of Health, Hospital Data Section at (512) 458-7261 (email address: dwayne.collins@tdh.state.tx.us). Thank you for your cooperation.

Eduardo J. Sanchez, M.D., M.P.H.
Commissioner of Health
Texas Department of Health

Richard Bettis, CAE
President/Chief Executive Officer
Texas Hospital Association

2002 AHA ANNUAL SURVEY

General Instructions for completing the (hard copy) survey form:

The 2002 Cooperative TDH/AHA/THA Annual Survey form is enclosed. Return the original completed survey form directly to:

Center For Health Statistics
Texas Department of Health
1100 West 49th Street
Austin, Texas 78756-3199

A copy of the completed survey form should be retained in your files for your reference. In addition, if there are any questions about your responses, this file copy may be of assistance to you in the follow-up and editing process.

Please report utilization and financial information for a full 12-month period, preferably using your fiscal year as the reporting period.

Use the following guidelines when completing the survey form:

1. Make an entry for **EVERY ITEM** on the form.
2. For items that are not applicable to your hospital or for which no services were provided enter "**0**" zero.
3. **DO NOT USE "NA"** in any of your responses on the survey form. Enter "**NAV**" for an item which is applicable to your hospital, but data are not available from your hospital records in the detail required to complete the item.
4. For items which are combined with another variable mark as NAV and indicate which variables are combined.

Please contact Dwayne Collins at (512) 458-7261 (FAX: 512-458-7344 or Email: dwayne.collins@tdh.state.tx.us) if you have any questions.

Please Note: ALL OF THE INFORMATION REPORTED IN THIS SURVEY WILL BE AVAILABLE TO THE PUBLIC. As of September 1, 1993, the confidentiality restriction on hospital specific financial data was removed for information reported since September 1, 1987. This change resulted from amendments made to the Health and Safety Code, Chapter 311.

2002 AHA ANNUAL SURVEY

A. REPORTING PERIOD (please refer to the instructions and definitions on the reverse side of this page)

Report data for a full 12-month period, preferably your last completed fiscal year (365 days). (Be consistent in using the same reporting period for responses throughout various sections of this survey.)

1. Reporting Period used (beginning and ending date) to
 Month/Day/Year Month/Day/Year
2. a. Were you in operation 12 full months at the end of your reporting period..... YES ☐ NO ☐ b. Number of days open during reporting period.....
3. Indicate the beginning of your current fiscal year
 Month/Day/Year

B. ORGANIZATIONAL STRUCTURE

1. CONTROL

Indicate the type of organization that is responsible for establishing policy for overall operation of your hospital. CHECK ONLY ONE:

Government, nonfederal

- ☐ 12 State
☐ 13 County
☐ 14 City
☐ 15 City-County
☐ 16 Hospital district or authority

Nongovernment, not-for profit (NFP)

- ☐ 21 Church-operated
☐ 23 Other non-for-profit (including NFP Corporation)

Investor-owned, for-profit

- ☐ 31 Individual
☐ 32 Partnership
☐ 33 Corporation

Government, federal

- ☐ 41 Air Force
☐ 42 Army
☐ 43 Navy
☐ 44 Public Health Service

- ☐ 45 Veteran's Affairs
☐ 46 Federal other than 41-45 or 47-48
☐ 47 PHS Indian Service
☐ 48 Department of Justice

2. SERVICE

Indicate the ONE category that BEST describes your hospital or the type of service it provides to the MAJORITY of admissions:

- | | |
|--|--|
| <input type="checkbox"/> 10 General medical and surgical | <input type="checkbox"/> 46 Rehabilitation |
| <input type="checkbox"/> 11 Hospital unit of an institution (prison hospital, college infirmary) | <input type="checkbox"/> 47 Orthopedic |
| <input type="checkbox"/> 12 Hospital unit within an institution for the mentally retarded | <input type="checkbox"/> 48 Chronic disease |
| <input type="checkbox"/> 22 Psychiatric | <input type="checkbox"/> 62 Institution for mentally retarded |
| <input type="checkbox"/> 33 Tuberculosis and other respiratory diseases | <input type="checkbox"/> 82 Alcoholism and other chemical dependency |
| <input type="checkbox"/> 41 Cancer | <input type="checkbox"/> 90 Acute Long-Term Care |
| <input type="checkbox"/> 42 Heart | |
| <input type="checkbox"/> 44 Obstetrics and gynecology | <input type="checkbox"/> 49 Other-specify treatment area: |
| <input type="checkbox"/> 45 Eye, ear, nose, and throat | |

3. OTHER

- a. Does your hospital restrict admissions primarily to children? YES ☐ NO ☐
- b. Is your hospital primarily osteopathic? YES ☐ NO ☐
- c. Is the hospital part of a health care system? YES ☐ NO ☐
- d. Does the hospital itself operate subsidiary corporations?..... YES ☐ NO ☐
- e. Is the hospital contract managed? YES ☐ NO ☐

If yes, please provide the name, city, and state of the organization that manages the hospital:

Name: _____ City: _____ State: _____

- f. Is the hospital a participant in a network? YES ☐ NO ☐

If yes, please provide the name and telephone number of the network. If the hospital participates in more than one network, please provide the name, address, city, state, and telephone number of the network(s) on page 28, under supplemental information.

Name: _____ City: _____ State: _____ Telephone: _____

- g. Does the hospital participate in a group purchasing arrangement?..... YES ☐ NO ☐

If yes, please provide the name, city, and state of the group purchasing organization:

Name: _____ City: _____ State: _____

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General Instructions

INSTRUCTIONS AND DEFINITIONS FOR THE 2002 ANNUAL SURVEY

HOSPITAL. For purposes of this survey, a hospital is defined as the organization or corporate entity licensed or registered as a hospital by a state to provide diagnostic and therapeutic patient services for a variety of medical conditions, both surgical and nonsurgical.

SECTION A REPORTING PERIOD Instructions

1. **Reporting period used (beginning and ending date):** Record the beginning and ending dates of the reporting period in a six-digit number: for example, January 1, 2000, should be shown as 01/01/00. Number of days should equal the time span between the two dates that the hospital was open. If you are reporting for less than 365 days, utilization and finances should be presented for days reported only.
2. **Were you in operation 12 full months at the end of your reporting period?** If you are reporting for less than 365 days, utilization and finances should be presented for days reported only.
3. **Number of days open during reporting period:** Number of days should equal the time span between the two dates that the hospital was open.

SECTION B ORGANIZATIONAL STRUCTURE Instructions and Definitions

1. CONTROL

Check the box to the left of the type of organization that is responsible for establishing policy for overall operation of the hospital.

Government, nonfederal.

State. Controlled by an agency of state government.

County. Controlled by an agency of county government.

City. Controlled by an agency of municipal government.

City-County. Controlled jointly by agencies of municipal and county governments.

Hospital district or authority. Controlled by a political subdivision of a state, county, or city created solely for the purpose of establishing and maintaining medical care or health-related care institutions.

Nongovernment, not for profit. Hospitals controlled by not-for-profit organizations, including religious organizations (Catholic hospitals, for example), community hospitals, cooperative hospitals, hospitals operated by fraternal societies, and so forth.

Investor owned, for profit. Hospitals controlled on a for profit basis by an individual, partnership, or a profit making corporation.

Government, federal. Hospitals controlled by an agency or department of the federal government.

2. SERVICE

Indicate the ONE category that best describes the type of service that your hospital provides to the majority of admissions.

General medical and surgical. Provides diagnostic and therapeutic services to patients for a variety of medical conditions, both surgical and nonsurgical.

Hospital unit of an institution. Provides diagnostic and therapeutic services to patients in an institution.

Hospital unit within an institution for the mentally retarded. Provides diagnostic and therapeutic services to patients in an institution for the mentally retarded.

Psychiatric. Provides diagnostic and therapeutic services to patients with mental or emotional disorders.

Tuberculosis and other respiratory diseases. Provides medical care and rehabilitative services to patients for whom the primary diagnosis is tuberculosis or other respiratory diseases.

Cancer. Provides medical care to patients for whom the primary diagnosis is cancer.

Heart. Provides diagnosis and treatment of heart disease.

Obstetrics and gynecology. Provides medical and surgical treatment to pregnant women and to mothers following delivery. Also provides diagnostic and therapeutic services to women with diseases or disorders of the reproductive organs.

Eye, ear, nose, and throat. Provides diagnosis and treatment of diseases and injuries of the eyes, ears, nose, and throat.

Rehabilitation. Provides a comprehensive array of restoration services for the disabled and all support services necessary to help them attain their maximum functional capacity.

Orthopedic. Provides corrective treatment of deformities, diseases, and ailments of the locomotive apparatus, especially affecting the limbs, bones, muscles, and joints.

Chronic disease. Provides medical and skilled nursing services to patients with long-term illnesses who are not in an acute phase, but who require an intensity of services not available in nursing homes.

Institution for the mentally retarded. Provides health-related care on a regular basis to patients with psychiatric or developmental impairment who cannot be treated in a skilled nursing unit.

Alcoholism and other chemical dependency. Provides diagnostic and therapeutic services to patients with alcoholism or other drug dependencies.

Acute Long Term Care. Provides high acuity interdisciplinary services to medically complex patients that require more intensive recuperation and care than can be provided in a typical nursing facility.

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C. FACILITIES AND SERVICES

For each service or facility listed below, please check all the categories that describe how each item is provided as of the last day of the reporting period. Check all categories that apply for an item. Leave all categories blank for a facility or service that is not provided. Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h.

<p>* Please report # Beds that were provided <u>within your hospital</u> and were set up and <u>staffed</u> for use at the end of the reporting period</p>	<p>(1) Owned or provided by my hospital or its subsidiary</p>	<p>(2) Provided by my Health System (in my local community)</p>	<p>(3) Provided by my network (in my local community)</p>	<p>(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community)</p>
1. General medical-surgical care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Pediatric medical-surgical care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Obstetrics [Level of unit (1-3): _____]	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Medical surgical intensive care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Cardiac intensive care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Neonatal intensive care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Neonatal intermediate care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Pediatric intensive care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Burn care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Other special care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Other intensive care (specify: _____)	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Physical rehabilitation	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Alcoholism-drug abuse or dependency care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Psychiatric care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Skilled nursing care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Intermediate nursing care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Acute long term care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Other long term care	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Other care (specify: _____)	<input type="checkbox"/> (#Beds: _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(Total # Beds: _____)

Should Equal E.1.a. (1) on page 13)

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3. OTHER

- a. **Children admissions.** A hospital whose primary focus is the health and treatment of children and adolescents.
- b. **Osteopathic.** Osteopathic medicine is a medical practice based on a theory that diseases are due chiefly to a loss of structural integrity which can be restored by manipulation of the neuro-muscular and skeletal system, supplemented by therapeutic measures (as use of medicine or surgery).
- c. **Health care system.** A corporate body that owns, leases, religiously sponsors, and/or manages health provider facilities.
- d. **Subsidiary.** A company that is wholly controlled by another or one that is more than 50% owned by another organization.
- e. **Contract managed.** General day-to-day management of an entire organization by another organization under a formal contract. Managing organization reports directly to the board of trustees or owners of the managed organization; managed organization retains total legal responsibility and ownership of the facility's assets and liabilities.
- f. **Network.** A group of hospitals, physicians, other providers, insurers and/or community agencies that voluntarily work together to coordinate and deliver health services.
- g. **Group Purchasing Organization.** An organization whose primary function is to negotiate contracts for the purpose of purchasing for members of the group or has a central supply site for its members.

SECTION C FACILITIES AND SERVICES Definitions

1. **General medical-surgical care.** Provides acute care to patients in medical and surgical units on the basis of physicians' orders and approved nursing care plans.
2. **Pediatric medical-surgical care.** Provides acute care to pediatric patients on the basis of physicians' orders and approved nursing care plans.
3. **Obstetrics.** Levels should be designated: (1) unit provides services for uncomplicated maternity and newborn cases; (2) unit provides services for uncomplicated cases, the majority of complicated problems, and special neonatal services; and (3) unit provides services for all serious illnesses and abnormalities and is supervised by a full-time maternal/fetal specialist.
4. **Medical surgical intensive care.** Provides patient care of a more intensive nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. These units are staffed with specially trained nursing personnel and contain monitoring and specialized support equipment for patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care. Includes mixed intensive care units.
5. **Cardiac intensive care.** Provides patient care of a more specialized nature than the usual medical and surgical care, on the basis of physicians' orders and approved nursing care plans. The unit is staffed with specially trained nursing personnel and contains monitoring and specialized support or treatment equipment for patients who, because of heart seizure, open-heart surgery, or other life-threatening conditions, require intensified, comprehensive observation and care. May include myocardial infarction, pulmonary care, and heart transplant units.
6. **Neonatal intensive care.** A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birth weights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery, and special care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.
7. **Neonatal intermediate care.** A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.
8. **Pediatric intensive care.** Provides care to pediatric patients that is of a more intensive nature than that usually provided to pediatric patients. The unit is staffed with specially trained personnel and contains monitoring and specialized support equipment for treatment of patients who, because of shock, trauma, or other life-threatening conditions, require intensified, comprehensive observation and care.
9. **Burn care.** Provides care to severely burned patients. Severely burned patients are those with any of the following: (1) second-degree burns of more than 25% total body surface area for adults or 20% total body surface area for children; (2) third-degree burns of more than 10% total body surface area; (3) any severe burns of the hands, face, eyes, ears, or feet; or (4) all inhalation injuries, electrical burns, complicated burn injuries involving fractures and other major traumas, and all other poor risk factors.
10. **Other special care.** Provides care to patients requiring care more intensive than that provided in the acute area, yet not sufficiently intensive to require admission to an intensive care unit. Patients admitted to this area are usually transferred here from an intensive care unit once their condition has improved. These units are sometimes referred to as definitive observation, step-down, or progressive care units.
12. **Physical rehabilitation.** Provides care encompassing a comprehensive array of restoration services for the disabled and all support services necessary to help patients attain their maximum functional capacity.
13. **Alcoholism-drug abuse or dependency care.** Provides diagnosis and therapeutic services to patients with alcoholism or other drug dependencies. Includes care for inpatient/residential treatment for patients whose course of treatment involves more intensive care than provided in an outpatient setting or where patient requires supervised withdrawal.
14. **Psychiatric care.** Provides acute or long-term care to emotionally disturbed patients, including patients admitted for diagnosis and those admitted for treatment of psychiatric problems, on the basis of physicians' orders and approved nursing care plans. Long-term care may include intensive supervision to the chronically mentally ill, mentally disordered, or other mentally incompetent persons.
15. **Skilled nursing care.** Provides non-acute medical and skilled nursing care services, therapy, and social services under the supervision of a licensed registered nurse on a 24-hour basis.
16. **Intermediate nursing care.** Provides health-related services (skilled nursing care and social services) to residents with a variety of physical conditions or functional disabilities. These residents do not require the care provided by a hospital or skilled nursing facility, but do need supervision and support services.
17. **Acute long term care.** Provides specialized acute hospital care to medically complex patients who are critically ill, have multisystem complications and/or failure, and require hospitalization averaging 25 days, in a facility offering specialized treatment programs and therapeutic intervention on a 24 hour/7 day a week basis.
18. **Other long term care.** Provision of long term care other than skilled nursing care or intermediate care. This can include residential care-elderly housing services for those who do not require daily medical or nursing services, but may require some assistance in the activities of daily living, or sheltered care facilities for developmentally disabled.
19. **Other care.** (specify) Any type of care other than those listed above.

TOTAL BEDS. The sum of the beds reported in this section should equal what you have reported in Section E for beds set up and staffed.

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C. FACILITIES AND SERVICES (continued)

(1)
Owned or
provided by
my hospital
or its
subsidiary

(2)
Provided by my
Health System
(in my local
community)

(3)
Provided by
my network
(in my local
community)

(4)
Provided through a
formal contractual
arrangement or joint
venture with another
provider that is not in
my system or network
(in my local
community)

20. Adult day care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Airborne infection isolation room (# rooms)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Alcoholism-drug abuse or dependency outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Ambulance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. Angioplasty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Arthritis treatment center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. Assisted living	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. Auxiliary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Bariatric/weight control services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Birthing room - LDR room -LDRP room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Breast cancer screening/mammograms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Cardiac catheterization laboratory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Case management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Chaplaincy/pastoral care services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Children wellness program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Chiropractic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Community outreach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Complementary medicine services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Crisis prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Dental services.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. Emergency services:				
a. Emergency department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Trauma center (certified) [Level of unit (1-4): ____]	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Enabling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. End of life services				
a. Hospice program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Pain management program.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Palliative care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Enrollment assistance services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Extracorporeal shock wave lithotripter (ESWL)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45. Fitness center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Freestanding outpatient care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Health fair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Health information center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Health screenings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Hemodialysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. HIV -AIDS services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Home health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Hospital-based outpatient care center-services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Linguistic/translation services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Meals on wheels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (continued)

20. **Adult day care program.** Program providing supervision, medical and psychological care, and social activities for older adults who live at home or in another family setting, but cannot be alone or prefer to be with others during the day. May include intake assessment, health monitoring, occupational therapy, personal care, noon meal, and transportation services.
21. **Airborne infection isolation room.** A single-occupancy room for patient care where environmental factors are controlled in an effort to minimize the transmission of those infectious agents, usually spread person to person by droplet nuclei associated with coughing and inhalation. Such rooms typically have specific ventilation requirements for controlled ventilation, air pressure and filtration.
22. **Alcoholism-drug abuse or dependency outpatient services.** Organized hospital services that provide medical care and/or rehabilitative treatment services to outpatients for whom the primary diagnosis is alcoholism or other chemical dependency.
23. **Ambulance services.** Provision of ambulance services to the ill and injured who require medical attention on a scheduled or unscheduled basis.
24. **Angioplasty.** The reconstruction or restructuring of a blood vessel by operative means or by nonsurgical techniques such as balloon dilation or laser.
25. **Arthritis treatment center.** Specifically equipped and staffed center for the diagnosis and treatment of arthritis and other joint disorders.
26. **Assisted living.** A special combination of housing, supportive services, personalized assistance and health care designed to respond to the individual needs of those who need help in activities of daily living and instrumental activities of daily living. Supportive services are available, 24 hours a day, to meet scheduled and unscheduled needs, in a way that promotes maximum independence and dignity for each resident and encourages the involvement of a resident's family, neighbor and friends.
27. **Auxiliary.** A volunteer community organization formed to assist the hospital in carrying out its purpose and to serve as a link between the institution and the community.
28. **Bariatric/weight control services.** Bariatrics is the medical practice of weight reduction.
29. **Birthing room-LDR room-LDRP room.** A single-room type of maternity care with a more homelike setting for families than the traditional three-room unit (labor/delivery/recovery) with a separate postpartum area. A birthing room combines labor and delivery in one room. An LDR room accommodates three stages in the birthing process--labor, delivery, and recovery. An LDRP room accommodates all four stages of the birth process--labor, delivery, recovery, and postpartum.
30. **Breast cancer screening/mammograms.** Mammography screening - The use of breast x-ray to detect unsuspected breast cancer in a symptomatic woman. Diagnostic mammography - The x-ray imaging of breast tissue in symptomatic women who are considered to have a substantial likelihood of having breast cancer already.
31. **Cardiac catheterization laboratory.** Facilities offering special diagnostic procedures for cardiac patients. Available procedures must include, but need not be limited to, introduction of a catheter into the interior of the heart by way of a vein or artery or by direct needle puncture. Procedures must be performed in a laboratory or a special procedure room.
32. **Case management.** A system of assessment, treatment planning, referral and follow-up that ensures the provision of comprehensive and continuous services and the coordination of payment and reimbursement for care.
33. **Chaplaincy/pastoral care services.** A service ministering religious activities and providing pastoral counseling to patients, their families, and staff of a health care organization.
34. **Children wellness program.** A program that encourages improved health status and a healthful life-style of children through health education, exercise, nutrition and health promotion.
35. **Chiropractic services.** An organized clinical service including spinal manipulation or adjustment and related diagnostic and therapeutic services.
36. **Community outreach.** A program that systematically interacts with the community to identify those in need of services, alerting persons and their families to the availability of services, locating needed services, and enabling persons to enter the service delivery system.
37. **Complementary Medicine Services.** Organized hospital services or formal arrangements to providers that provide care or treatment not based solely on traditional western allopathic medical teachings as instructed in most U.S. medical schools. Includes any of the following: acupuncture, chiropractic, homeopathy, osteopathy, diet and life-style changes, herbal medicine, massage therapy, etc.
38. **Crisis prevention.** Services provided in order to promote physical and mental well being and the early identification of disease and ill health prior to the onset and recognition of symptoms so as to permit early treatment.
39. **Dental Services.** An organized dental service or dentists on staff, not necessarily involving special facilities, providing dental or oral services to inpatients or outpatients.
40. **Emergency services.** Health services that are provided after the onset of a medical condition that manifests itself by symptoms of sufficient severity, including severe pain, that the absence of immediate medical attention could reasonably be expected by a prudent layperson, who possesses an average knowledge of health and medicine, to result in placing the patient's health in serious jeopardy.
- 40a. **Emergency department.** Hospital facilities for the provision of unscheduled outpatient services to patients whose conditions require immediate care.
- 40b. **Trauma center (certified).** A facility to provide emergency and specialized intensive care to critically ill and injured patients. **Level 1:** A regional resource trauma center, which is capable of providing total care for every aspect of injury and plays a leadership role in trauma research and education. **Level 2:** A community trauma center, which is capable of providing trauma care to all but the most severely injured patients who require highly specialized care. **Level 3:** A rural trauma hospital, which is capable of providing care to a large number of injury victims and can resuscitate and stabilize more severely injured patients so that they can be transported to level 1 or 2 facilities. **Level 4:** offers reasonable care in determining whether an emergency exists, renders lifesaving first aid, and makes appropriate referral to the nearest organization that is capable of providing needed services. The mechanism for providing physician coverage at all times is defined by the medical staff. Please provide explanation on page 28 if necessary.
41. **Enabling services.** A program that is designed to help the patient access health care services by offering any of the following: linguistic services, transportation services, and/or referrals to local social services agencies.
42. **End of life services.**
- 42a. **Hospice Program.** A recognized clinical program with specific eligibility criteria that provides palliative medical care focused on relief of pain and symptom control and other services that address the emotional, social, financial and spiritual needs of terminally ill patients and their families. Hospice care can be provided either at home, in a hospital setting, or in a free-standing facility.
- 42b. **Pain management program.** A recognized clinical service or program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and other distressing symptoms, administered by specially trained physicians and other clinicians, to patients suffering from an acute illness of diverse causes.
- 42c. **Palliative care program.** An organized program providing specialized medical care, drugs or therapies for the management of acute or chronic pain and/or the control of symptoms administered by specially trained physicians and other clinicians; and supportive care services, such as counseling on advanced directives, spiritual care, and social services, to patients with advanced disease and their families.

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	(1) Owned or provided by my hospital or its subsidiary	(2) Provided by my Health System (in my local community)	(3) Provided by my network (in my local community)	(4) Provided through a formal contractual arrangement or joint venture with another provider that is not in my system or network (in my local community)
57. Neurological services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Nutrition program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Occupational health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60. Oncology service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Open heart surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Orthopedic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Outpatient surgery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. Patient education center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. Patient representative services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Physical rehabilitation outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
67. Primary care department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
68. Psychiatric services:				
a. Psychiatric child-adolescent services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Psychiatric consultation-liaison services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Psychiatric education services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Psychiatric emergency services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychiatric geriatric services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Psychiatric outpatient services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Psychiatric partial hospitalization program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
69. Radiation therapy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
70. Radiology, diagnostic:				
a. CT scanner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Diagnostic radioisotope facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Magnetic resonance imaging (MRI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Positron emission tomography (PET)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Single photon emission computerized tomography (SPEC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Ultrasound	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
71. Reproductive health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
72. Retirement housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
73. Sleep Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
74. Social work services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
75. Sports medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
76. Support groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
77. Swing bed services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
78. Teen outreach services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
79. Tobacco Treatment/Cessation Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
80. Transplant services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
81. Transportation to health facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
82. Urgent care center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
83. Volunteer services department	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
84. Women's health center/services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
85. Wound Management Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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C. FACILITIES AND SERVICES (continued)

43. **Enrollment assistance services.** A program that provides enrollment assistance for patients who are potentially eligible for public health insurance programs such as Medicaid, State Children's Health Insurance, or local/state indigent care programs. The specific services offered could include explanation of benefits, assist applicants in completing the application and locating all relevant documents, conduct eligibility interviews, and/or forward applications and documentation to state/local social service or health agency.
44. **Extracorporeal shock wave lithotripter (ESWL).** A medical device used for treating stones in the kidney or ureter. The device disintegrates kidney stones noninvasively through the transmission of acoustic shock waves directed at the stones.
45. **Fitness center.** Provides exercise, testing, or evaluation programs and fitness activities to the community and hospital employees.
46. **Freestanding outpatient care center.** A facility owned and operated by the hospital, but physically separate from the hospital, that provides various medical treatments on an outpatient basis only. In addition to treating minor illnesses or injuries, the center will stabilize seriously ill or injured patients before transporting them to a hospital. Laboratory and radiology services are usually available.
47. **Geriatric services.** The branch of medicine dealing with the physiology of aging and the diagnosis and treatment of disease affecting the aged. Services could include: Adult day care; Alzheimer's diagnostic -assessment services; Comprehensive geriatric assessment; Emergency response system; Geriatric acute care unit; and/or Geriatric clinics.
48. **Health fair.** Community health education events that focus on the prevention of disease and promotion of health through such activities as audiovisual exhibits and free diagnostic services.
49. **Health information center.** Education which is directed at increasing the information of individuals and populations. It is intended to increase the ability to make informed personal, family and community health decisions by providing consumers with informed choices about health matters with the objective of improving health status.
50. **Health screening.** A preliminary procedure such as a test or examination to detect the most characteristic sign or signs of a disorder that may require further investigation.
51. **Hemodialysis.** Provision of equipment and personnel for the treatment of renal insufficiency on an inpatient or outpatient basis.
52. **HIV-AIDS services** (could include). HIV -AIDS unit-Special unit or team designated and equipped specifically for diagnosis, treatment, continuing care planning, and counseling services for HIV -AIDS patients and their families. General inpatient care for HIV -AIDS-Inpatient diagnosis and treatment for human immunodeficiency virus and acquired immunodeficiency syndrome patients, but dedicated unit is not available. Specialized outpatient program for HIV -AIDS-Special outpatient program providing diagnostic, treatment, continuing care planning, and counseling f or HIV -AIDS patients and their families.
53. **Home health services.** Service providing nursing, therapy, and health-related homemaker or social services in the patient's home.
54. **Hospital-based outpatient care center-services.** Organized hospital health care services offered by appointment on an ambulatory basis. Services may include outpatient surgery, examination, diagnosis, and treatment of a variety of medical conditions on a nonemergency basis, and laboratory and other diagnostic testing as ordered by staff or outside physician referral.
55. **Linguistic/translation services.** Services provided by the hospital designed to make health care more accessible to non- English speaking patients and their physicians.
56. **Meals on wheels.** A hospital sponsored program which delivers meals to people, usually the elderly, who are unable to prepare their own meals. Low cost, nutritional meals are delivered to individuals' homes on a regular basis.
57. **Neurological services.** Services provided by the hospital dealing with the operative and nonoperative management of disorders of the central, peripheral, and autonomic nervous system.
58. **Nutrition programs.** Those services within a health care facility which are designed to provide inexpensive, nutritionally sound meals to patients.
59. **Occupational health services.** Includes services designed to protect the safety of employees from hazards in the work environment.
60. **Oncology services.** An organized program for the treatment of cancer by the use of drugs or chemicals.
61. **Open heart surgery.** Heart surgery where the chest has been opened and the blood recirculated and oxygenated with the proper equipment and the necessary staff to perform the surgery.
62. **Orthopedic services.** Services provided for the prevention or correction of injuries or disorders of the skeletal system and associated muscles, joints and ligaments.
63. **Outpatient surgery.** Scheduled surgical services provided to patients who do not remain in the hospital overnight. The surgery may be performed in operating suites also used for inpatient surgery, specially designated surgical suites for outpatient surgery, or procedure rooms within an outpatient care facility.
64. **Patient education center.** Written goals and objectives for the patient and/or family related to therapeutic regimens, medical procedures, and self care.
65. **Patient representative services.** Organized hospital services providing personnel through whom patients and staff can seek solutions to institutional problems affecting the delivery of high-quality care and services.
66. **Physical rehabilitation outpatient services.** Outpatient program providing medical, health-related, therapy, social, and/or vocational services to help disabled persons attain or retain their maximum functional capacity.
67. **Primary care department.** A unit or clinic within the hospital that provides primary care services (e.g. general pediatric care, general internal medicine, family practice, gynecology) through hospital-salaried medical and/or nursing staff, focusing on evaluating and diagnosing medical problems and providing medical treatment on an outpatient basis.
68. **Psychiatric services:** Services provided by the hospital that offer immediate initial evaluation and treatment to patients with mental or emotional disorders.
 - a. **Psychiatric child-adolescent services.** Provides care to emotionally disturbed children and adolescents, including those admitted for diagnosis and those admitted for treatment.
 - b. **Psychiatric consultation-liaison services.** Provides organized psychiatric consultation/liaison services to nonpsychiatric hospital staff and/or departments on psychological aspects of medical care that may be generic or specific to individual patients.
 - c. **Psychiatric education services.** Provides psychiatric educational services to community agencies and workers such as schools, police, courts, public health nurses, welfare agencies, clergy, and so forth. The purpose is to expand the mental health knowledge and competence of personnel not working in the mental health field and to promote good mental health through improved understanding, attitudes, and behavioral patterns.
 - d. **Psychiatric emergency services.** Services of facilities available on a 24-hour basis to provide immediate unscheduled outpatient care, diagnosis, evaluation, crisis intervention, and assistance to persons suffering acute emotional or mental distress.
 - e. **Psychiatric geriatric services.** Provides care to emotionally disturbed elderly patients, including those admitted for diagnosis and those admitted for treatment..
 - f. **Psychiatric outpatient services.** Provides medical care, including diagnosis and treatment, of psychiatric outpatients.
 - g. **Psychiatric partial hospitalization program.** Organized hospital services of intensive day/evening outpatient services of three hours or more duration, distinguished from other outpatient visits of one hour.
69. **Radiation therapy.** The branch of medicine concerned with radioactive substances and using various techniques of visualization, with the diagnosis and treatment of disease using any of the various sources of radiant energy. Services could include: megavoltage radiation therapy; radioactive implants; stereotactic radiosurgery; therapeutic radioisotope facility; X-ray radiation therapy.

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C. FACILITIES AND SERVICES (continued)

86. Which of the following physician arrangements does your hospital or system/network participate in? Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3h. For hospital level physician arrangements that are reported in column 1, please report the number of physicians involved.

	(1) My Hospital		(2) My Health System	(3) My Health Network
a. Independent Practice Association	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
b. Group practice without walls	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
c. Open Physician-Hospital Organization (PHO)	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
d. Closed Physician-Hospital Organization (PHO)	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
e. Management Service Organization (MSO)	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
f. Integrated Salary Model	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
g. Equity Model.....	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>
h. Foundation.....	<input type="checkbox"/>	(# of physicians ____)	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a separate list of the names(s) and address(es) of the hospital's physician arrangements reported in column 1.

87. Does your hospital, health system or health network have an equity interest in any of the following insurance products? (Check all that apply) Contractual relationships with HMOs and PPOs should not be reported here but in Question 80. Column 2 refers to the systems that were identified in section B, question 3c. Column 3 refers to the networks that were identified in section B, question 3f.

	(1) My Hospital	(2) My Health System	(3) My Health Network	(4) Joint Venture With Insurer
a. Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Preferred Provider Organization.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Indemnity Fee For Service Plan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

88. Does your hospital have a formal written contract that specifies the obligations of each party with:

a. Health maintenance organization (HMO) YES <input type="checkbox"/> NO <input type="checkbox"/>	b. If YES, how many contracts?
c. Preferred provider organization (PPO) YES <input type="checkbox"/> NO <input type="checkbox"/>	d. If YES, how many contracts?

- 89a. What percentage of the hospital's net patient revenue is paid on a capitated basis?
(If the hospital does not participate in capitated arrangements, please enter "0") %

- 89b. What percentage of the hospital's net revenue is paid on a shared risk basis? %

90. Does your hospital contract directly with employers or a coalition of employers to provide care on a capitated, predetermined, or shared risk basis? YES ☐ NO ☐

91. If your hospital has arrangements to care for a specific group of enrollees in exchange for a capitated payment, how many lives are covered?

D. COMMUNITY ORIENTATION

- | | | |
|---|------------------------------|-----------------------------|
| 1. Does your hospital's mission statement include a focus on community benefit? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2. Does your hospital have a long-term plan for improving the health of its community? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3. Does your hospital have resources for its community benefit activities? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4. Does your hospital work with other providers, public agencies, or community representatives to conduct a health status assessment of the community? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5. Does your hospital use health status indicators (such as rates of health problems or surveys of self-reported health) for defined populations to design new services or modify existing services? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6a. Does your hospital work with other local providers, public agencies, or community representatives to develop a written assessment of the appropriate capacity for health services in the community? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6b. If yes, have you used the assessment to identify unmet health needs, excess capacity, or duplicative services in the community? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 7. Does your hospital work with other providers to collect, track, and communicate clinical and health information across cooperating organizations? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 8. Does your hospital either by itself or in conjunction with others disseminate reports to the community on the quality and costs of health care services? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 9. Does your hospital self-assess against Baldrige like criteria for sustained continuous improvement? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 10. Does your hospital gather information on a patient's race/ethnicity at any point during their stay? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 11. Does your hospital gather information on a patient's primary language at any point during their stay? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

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C. FACILITIES AND SERVICES (continued)

70. **Radiology, diagnostic:** The branch of radiology that deals with the utilization of all modalities of radiant energy in medical diagnoses and therapeutic procedures using radiologic guidance. This includes, but is not restricted to, imaging techniques and methodologies utilizing radiation emitted by x-ray tubes, radionuclides, and ultrasonographic devices and the radiofrequency electromagnetic radiation emitted by atoms.
- a. **CT scanner.** Computed tomographic scanner for head or whole body scans.
 - b. **Diagnostic radioisotope facility.** The use of radioactive isotopes (Radiopharmaceuticals) as tracers or indicators to detect an abnormal condition or disease.
 - c. **Magnetic resonance imaging (MRI).** The use of a uniform magnetic field and radio frequencies to study tissue and structure of the body. This procedure enables the visualization of biochemical activity of the cell in vivo without the use of ionizing radiation, radioisotopic substances, or high-frequency sound.
 - d. **PET.** Positron emission tomography scanner is a nuclear medicine imaging technology which uses radioactive (positron emitting) isotopes created in a cyclotron or generator and computers to produce composite pictures of the brain and heart at work. PET scanning produces sectional images depicting metabolic activity or blood flow rather than anatomy.
 - e. **SPECT.** Single photon emission computerized tomography is a nuclear medicine imaging technology that combines existing technology of gamma camera imaging with computed tomographic imaging technology to provide a more precise and clear image.
 - f. **Ultrasound.** The use of acoustic waves above the range of 20,000 cycles per second to visualize internal body structures.
71. **Reproductive health** (could include). Fertility counseling - A service that counsels and educates on infertility problems and includes laboratory and surgical workup and management for individuals having problems conceiving children. In vitro fertilization -Program providing for the induction of fertilization of a surgically removed ovum by donated sperm in a culture medium followed by a short incubation period. The embryo is then reimplanted in the womb.
72. **Retirement housing.** A facility which provides social activities to senior citizens, usually retired persons, who do not require health care but some short-term skilled nursing care may be provided. A retirement center may furnish housing and may also have acute hospital and long-term care facilities, or it may arrange for acute and long term care through affiliated institutions.
73. **Sleep Center.** Specially equipped and staffed center for the diagnosis and treatment of sleep disorders.
74. **Social work services** (could include). Organized services that are properly directed and sufficiently staffed by qualified individuals who provide assistance and counseling to patients and their families in dealing with social, emotional, and environmental problems associated with illness or disability, often in the context of financial or discharge planning coordination.
75. **Sports medicine .** Provision of diagnostic screening and assessment and clinical and rehabilitation services for the prevention and treatment of sports-related injuries.
76. **Support groups.** A hospital sponsored program which allows a group of individuals with the same or similar problems who meet periodically to share experiences, problems, and solutions in order to support each other.
77. **Swing bed services.** A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, do not have a 24 hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.
78. **Teen outreach services.** A program focusing on the teenager which encourages an improved health status and a healthful lifestyle including physical, emotional, mental, social, spiritual and economic health through education, exercise, nutrition and health promotion.
79. **Tobacco Treatment/Cessation Program.** Organized hospital services with the purpose of ending tobacco-use habits of patients addicted to tobacco/nicotine.
80. **Transplant services.** The branch of medicine that transfers an organ or tissue from one person to another or from one body part to another to replace a diseased structure or to restore function or to change appearance. Services could include: Bone marrow transplant program; kidney transplant; organ transplant (other than kidney); tissue transplant.
81. **Transportation to health facilities.** A long-term care support service designed to assist the mobility of the elderly. Some programs offer improved financial access by offering reduced rates and barrier-free buses or vans with ramps and lifts to assist the elderly or handicapped; others offer subsidies for public transport systems or operate mini-bus services exclusively for use by senior citizens.
82. **Urgent care center.** A facility that provides care and treatment for problems that are not life-threatening but require attention over the short term. These units function like emergency rooms but are separate from hospitals with which they may have backup affiliation arrangements.
83. **Volunteer services department.** An organized hospital department responsible for coordinating the services of volunteers working within the institution.
84. **Women's health center/services.** An area set aside for coordinated education and treatment services specifically for and promoted to women as provided by this special unit. Services may or may not include obstetrics but include a range of services other than OB.
85. **Wound Management Services.** Services for patients with chronic wounds and nonhealing wounds often resulting from diabetes, poor circulation, improper seating and immunocompromising conditions. The goals are to progress chronic wounds through stages of healing, reduce and eliminate infections, increase physical function to minimize complications from current wounds and prevent future chronic wounds. Wound management services are provided on an inpatient or outpatient basis, depending on the intensity of service needed.
- 86a. **Independent practice association (IPA).** AN IPA is a legal entity that holds managed care contracts. The IPA then contracts with physicians, usually in solo practice, to provide care either on a fee-for-services or capitated basis. The purpose of an IPA is to assist solo physicians in obtaining managed care contracts .
- 86b. **Group practice without walls.** Hospital sponsors the formation of, or provides capital to physicians to establish, a "quasi" group to share administrative expenses while remaining independent practitioners.
- 86c. **Open physician-hospital organization (PHO).** A joint venture between the hospital and all members of the medical staff who wish to participate. The PHO can act as a unified agent in managed care contracting, own a managed care plan, own and operate ambulatory care centers or ancillary services projects, or provide administrative services to physician members.
- 86d. **Closed physician-hospital organization (PHO).** A PHO that restricts physician membership to those practitioners who meet criteria for cost effectiveness and/or high quality.
- 86e. **Management services organization (MSO) .** A corporation, owned by the hospital or a physician/hospital joint venture, that provides management services to one or more medical group practices. The MSO purchases the tangible assets of the practices and leases them back as part of a full-service management agreement, under which the MSO employs all non-physician staff and provides all supplies/administrative systems for a fee.
- 86f. **Integrated salary model.** Physicians are salaried by the hospital or another entity of a health system to provide medical services for primary care and specialty care.
- 86g. **Equity model.** Allows established practitioners to become shareholders in a professional corporation in exchange for tangible and intangible assets of their existing practices.
- 86h. **Foundation.** A corporation, organized either as a hospital affiliate or subsidiary, which purchases both the tangible and intangible assets of one or more medical group practices. Physicians remain in a separate corporate entity but sign a professional services agreement with the foundation.
- 89a. **Capitation.** An at-risk payment arrangement in which an organization receives a fixed prearranged payment and in turn guarantees to deliver or arrange all medically necessary care required by enrollers in the capitated plan. The fixed amount is specified within contractual agreements between the payor and the involved organization. The fixed payment amount is based on an actuarial assessment of the services required by enrollees and the costs of providing these services, recognizing enrollees adjustment factors such as age, sex, and family size.

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E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

Please report beds, utilization, financial, and staffing data for a 12 month period that is consistent with the period reported on page 3. Report financial data for reporting period only. Include within your operations all activities that are wholly owned by the hospital, including subsidiary corporations regardless of where the activity is physically located. Please do not include within your operations distinct and separate divisions that may be owned by your hospital's parent corporation. If final figures are not available, please estimate. Round to the nearest dollar. Report full-time and part-time personnel who were on the payroll and whose payroll expenses are reported in E3f. (Please refer to specific definitions on pages 14 and 16.)

Fill out column (2) if hospital owns and operates a nursing home type unit/facility.
Column (1) should be the combined total of hospital plus Nursing Home Unit/Facility.

(1)
Total Facility

(2)
Nursing Home
Unit/Facility

1. BEDS AND UTILIZATION

- a. Beds set up and staffed for use at the end of the reporting period
(Do not report licensed beds; should match Total # Beds on page 5.)
- b. Bassinets set up and staffed for use at the end of the reporting period.....
- c. Births (exclude fetal deaths)
- d. Admissions (exclude newborns, include neonatal & swing admissions).....
- e. Inpatient days (exclude newborns, include neonatal & swing days)
- f. Emergency room visits
- g. Total outpatient visits (include all clinic visits, emergency room visits, outpatient
surgeries, observation services, referred visits, and home health service visits)
- h. Inpatient surgical operations
- (1) Number of operating rooms
- i. Outpatient surgical operations

2. MEDICARE/MEDICAID UTILIZATION

(exclude newborns and observation days, include neonatal, swing days & deaths)

- a1. Total Medicare (Title XVIII) inpatient discharges (including Medicare Managed Care)
- a2. How many Medicare inpatient discharges were Medicare Managed Care
- b1. Total Medicare (Title XVIII) inpatient days (including Medicare Managed Care)
- b2. How many Medicare inpatient days were Medicare Managed Care
- c1. Total Medicaid (Title XIX) inpatient discharges (including Medicaid Managed Care)
- c2. How many Medicaid inpatient discharges were Medicaid Managed Care
- d1. Total Medicaid (Title XIX) inpatient days (including Medicaid Managed Care)
- d2. How many Medicaid inpatient days were Medicaid Managed Care.....

3. FINANCIAL

- a. Net patient revenue (include disproportionate share hospital payments)..... .00 .00
- b. Tax appropriations00
- c. Other operating revenue00
- d. Nonoperating revenue00
- e. Total revenue (add 3a thru 3d)00 .00
- f. Payroll expenses (only)..... .00 .00
- g. Employee benefits00 .00
- h. Depreciated expense (for reporting period only)..... .00
- i. Interest expense..... .00
- j. Total Expenses (Payroll plus all non-payroll expenses, including bad debt)00 .00

4. REVENUE BY TYPE

- a. Total gross inpatient revenue00
- b. Total gross outpatient revenue..... .00
- c. Total gross patient revenue (add 4a + 4b)..... .00

5. UNCOMPENSATED CARE

- a. Bad debt expense..... .00
- b. Charity (Revenue forgone at full established rates. Include in gross revenue)..... .00

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C. FACILITIES AND SERVICES (continued)

89b. **Shared risk payments.** A payment arrangement in which a hospital and a managed care organization share the risk of adverse claims experience. Methods for sharing risk could include: capitation with partial refunds or supplements if billed hospital charges or costs differ from capitated payments, and service or discharge-based payments with withholds and bonus payouts that depend on expenditure targets.

D. COMMUNITY ORIENTATION

1. **Mission statement.** A general statement that describes a company's reason for existence, its vision and direction, its areas of expertise and its goals.
5. **Health Status indicators.** A tool used to quantify various aspects of a population's health status.
9. **Self assessment** is an evaluation of an organization's management system through achievements in areas such as: leadership, strategic planning, human resource management, information management, process management, customer focus and satisfaction, and business results.

SECTION E TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING

1. For the purposes of this survey, nursing home type unit/facility provides care for the elderly and chronic care in a non-acute setting in any of the following categories: *Skilled nursing care *Intermediate nursing care *Other long term care (*see page 6 definitions).
The nursing home type units/facilities are to be owned and operated by the hospital. Only one legal entity may be vested with title to the physical property or operate under the authority of a duly executed lease of the physical property.
- 1a. Report the number of **beds** regularly available (those set up and staffed for use) at the end of the reporting period. Report only operating beds, not constructed bed capacity. Include all bed facilities that are set up and staffed for use by inpatients who have no other bed facilities, such as pediatric bassinets, isolation units, quiet rooms, and reception and observation units assigned to or reserved for them. Exclude newborn bassinets and bed facilities for patients receiving special procedures for a portion of their stay and who have other bed facilities assigned to or reserved for them. Exclude, for example, labor room, postanesthesia, or postoperative recovery room beds, psychiatric holding beds, and beds that are used only as holding facilities for patients prior to their transfer to another hospital.
- b. Report the number of normal newborn **bassinets**. Do not include neonatal intensive care or intermediate care bassinets. These should be reported on page 5, C6 and C7.
- c. Total **births** should exclude fetal deaths.
- d. Include the number of adult and pediatric **admissions** only (exclude births). This figure should include all patients admitted during the reporting period, including neonatal and swing admissions.
- e. Report the number of adult and pediatric days of care rendered during the entire reporting period. Do not include days of care rendered for normal infants born in the hospital, but do include those for their mothers. Include days of care for infants born in the hospital and transferred into a neonatal care unit. Also include swing bed inpatient days. **Inpatient day** of care (also commonly referred to as a **patient day** or a **census day**, or by some federal hospitals as an **occupied bed day**) is a period of service between the census-taking hours on two successive calendar days, the day of discharge being counted only when the patient was admitted the same day.
- f. **Emergency room visits** should reflect the number of visits to the emergency unit. Emergency outpatients can be admitted to the inpatient areas of the hospital, but they are still counted as emergency visits and subsequently as inpatient admissions.
- g. An **Outpatient visit** is a visit by a patient who is not lodged in the hospital while receiving medical, dental, or other services. Each appearance of an outpatient in each unit constitutes one visit regardless of the number of diagnostic and/or therapeutic treatments that the patient receives. Total outpatient visits should include all clinic visits, referred visits, observation services, outpatient surgeries, and emergency room visits.
Clinic visits should reflect total number of visits to each specialized medical unit that is responsible for the diagnosis and treatment of patients on an outpatient, nonemergency basis (i.e., alcoholism, dental, gynecology, etc.). Visits to the satellite clinics and primary group practices should be included if revenue is received by the hospital.
Referred visits should reflect total number of outpatient ancillary visits to each specialty unit of the hospital established for providing technical aid used in the diagnosis and treatment of patients. Examples of such units are diagnostic radiology, EKG, pharmacy, etc.
Observation services are those services furnished on a hospital's premises, including use of a bed and periodic monitoring by a hospital's nursing or other staff, which are reasonable and necessary to evaluate an outpatient's condition or determine the need for a possible admission to the hospital as an inpatient. Observation services usually do not exceed 24 hours. However, there is no hourly limit on the extent to which they may be used.
Home health service visits are visits by home health personnel to a patient's residence.
Also include the number of outpatient surgeries reported on line E1i. and the emergency room visits reported on line E1f.
- h. Count each patient undergoing surgery as one surgical operation regardless of the number of surgical procedures that were performed while the patient was in the operating or procedure room.
- h-1. **Operating room** A unit/room of a hospital or other health care facility in which surgical procedures requiring anesthesia are performed.
- i. For outpatient surgical operations, please record operations performed on patients who do not remain in the hospital overnight. Include all operations whether performed in the inpatient operating rooms or in procedure rooms located in an outpatient facility. Include an endoscopy only when used as an operative tool and not when used for diagnosis alone.
- 2a2 **Managed Care Medicare Discharges** A discharge day where a Medicare Managed Care Plan is the source of payment.
- 2b2 **Managed Care Medicare Inpatient Days** An inpatient day where a Medicare Managed Care Plan is the source of payment.
- 2c2 **Managed Care Medicaid Discharges** A discharge day where a Medicaid Managed Care Plan is the source of payment.
- 2d2 **Managed Care Medicaid Inpatient Days** An inpatient day where a Medicaid Managed Care Plan is the source of payment.
- 3a. **Net patient revenue.** Reported at the estimated net realizable amounts from patients, Medicaid disproportionate share payments, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as final settlements are determined.
- 3b. **Tax appropriations.** A predetermined amount set aside by the government from its taxing authority to support the operation of the hospital.
- c. **Other operating revenue.** Revenue from services other than health care provided to patients, as well as sales and services to nonpatients. Revenue that arises from the normal day-to-day operations from services other than health care provided to patients. Includes sales and services to nonpatients, and revenue from miscellaneous sources (rental of hospital space, sale of cafeteria meals, gift shop sales). Also include operating gains in this category.
- d. **Nonoperating revenue.** Includes investment income, extraordinary gains and other nonoperating gains.
- e. **Total revenue** Add net patient revenue, tax appropriations, other operating revenue and nonoperating revenue.
- f. **Payroll expenses.** Include payroll for all personnel including medical and dental residents/interns and trainees.

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E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

6. REVENUE BY PAYOR (report total facility gross and net figures)

(E.6.a.2.a should include Medicaid Disproportionate payments in the Net Column (2))

		(1) Gross	(2) Net
a. GOVERNMENT	(1) Medicare:		
Include Medicaid or Medicare revenue here	a) Routine patient revenue .....	.00	.00
	b) Managed care revenue .....	.00	.00
	c) Total (a+b) .....	.00	.00
	(2) Medicaid:		
	a) Routine patient revenue .....	.00	.00
	b) Managed care revenue .....	.00	.00
	c) Total (a+b) .....	.00	.00
	(3) Other Government .....	.00	.00
b. NONGOVERNMENT	(1) Self-pay .....	.00	.00
	(2) Third-party payors:		
Do not include Medicaid or Medicare revenue in Nongovernment	a) Managed care (includes HMO and PPO) .....	.00	.00
	b) Other third-party payors .....	.00	.00
	c) Total Third Party payors (a+b) .....	.00	.00
	(3) All Other nongovernment .....	.00	.00
c. TOTAL .....		.00	.00

(Total gross should equal 4c on page 13, total net should equal 3a on page 13.)

Are the financial data on page 13 and 15 from your audited financial statement?..... YES ☐ NO ☐

7. FIXED ASSETS

a. Property, plant and equipment at cost.....	.00
b. Accumulated depreciation .....	.00
c. Net property, plant and equipment (a-b) .....	.00
d. Total gross square feet of your physical plant used or in support of your healthcare activities.	

8. STAFFING

Report full-time (35 hours or more) and part-time (less than 35 hours) personnel who were on the hospital/facility **payroll at the end of your reporting period**. Include members of religious orders for whom dollar equivalents were reported. Exclude private-duty nurses, volunteers, and all personnel whose salary is financed entirely by outside research grants. Exclude physicians and dentists who are paid on a fee basis. FTE is the total number of hours worked by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal work week for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as Registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.

	(1) Full-Time (35 hr/wk or more) On payroll	(2) Part-Time (less than 35 hr/wk) On Payroll	(3) FTE
a. Physicians and Dentists			
b. Medical and dental residents/interns			
c. Other trainees			
d. Registered nurses			
e. Licensed practical (vocational) nurses			
f. Nursing assistive personnel			
g. All other personnel			
h. Total facility personnel (add 8a through 8g)..... (Should include hospital plus nursing home type unit/facility personnel)			
i. Nursing home type unit/facility personnel			
(if applicable - please break out these personnel from the total facility number.)			

2002 AHA ANNUAL SURVEY

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continued)

- g. **Employee benefits.** Includes social security, group insurance, retirement benefits, workman's compensation, unemployment insurance, etc.
- h. **Depreciated expense** (for reporting period only) Report only the depreciation expense applicable to the reporting period. The amount also should be included in accumulated depreciation (E 7-b).
- i. **Interest expense. Report interest expense for the reporting period only.**
- j. **Total expenses.** Includes all payroll and non-payroll expenses (including bad debt) as well as any nonoperating losses (including extraordinary losses).
- 4a. **Total gross inpatient revenue** The hospitals full established rates(charges) for all services rendered to inpatients.
- 4b. **Total gross outpatient revenue** The hospitals full established rates(charges) for all services rendered to outpatients.
- 4c. **Total gross patient revenue** Total gross patient revenue (add total gross inpatient revenue and total gross outpatient revenue).
- 5. **Uncompensated care.** Care for which no payment is expected or no charge is made. It is the sum of bad debt and charity care absorbed by a hospital or other health care organization in providing medical care for patients who are uninsured or are unable to pay.
- 5a. **Bad debt expense.** The provision for actual or expected uncollectibles resulting from the extension of credit. Because bad debts are reported as an expense and not a deduction from revenue, the gross charges that result in bad debts will remain in net patient revenue (E3a).
- 5b. **Charity care.** Health services that were never expected to result in cash inflows. Charity care results from a provider's policy to provide health care services free of charge to individuals who meet certain financial criteria. **For purposes of this survey, charity care is measured on the basis of revenue forgone, at full established rates.**

E. TOTAL FACILITY BEDS, UTILIZATION, FINANCES, AND STAFFING (continue d)

- 6a1 **Medicare.** Should agree with the Medicare utilization reported in questions E2a and b.
- 6a1a. **Routine patient revenue.** Include traditional Medicare fee-for-service.
- 6a1c. **Total.** Medicare revenue (add Medicare routine patient revenue and Medicare managed care revenue).
- 6a2. **Medicaid.** Should agree with Medicaid utilization reported in questions E2c and d.
- 6a2a. **Routine patient revenue.** Include Medicaid disproportionate payments under Medicaid routine patient care (2a), in the net column (2) .
- 6a2c. **Total** Medicaid revenue (add Medicaid routine Patient revenue and Medicaid managed care revenue).
- 6c. **Total revenue** (gross should equal E4c and net should equal E3a).
- 7. **Fixed Assets.** Represent land and physical properties that are consumed or used in the creation of economic activity by the health care entity. The historical or acquisition costs are used in recording fixed assets. Net plant, property, and equipment represent the original costs of these items less accumulated depreciation and amortization.
- 7d. **Gross Square Footage.** Include all inpatient, outpatient, office, and support space used for or in support of your health care activities. Exclude exterior, roof, and garage space in the figure.

Full-Time Equivalent (FTE) is the total number of hours worked by all employees over the full (12 month) reporting period divided by the normal number of hours worked by a full-time employee for that same time period. For example, if your hospital considers a normal work week for a full-time employee to be 40 hours, a total of 2,080 would be worked over a full year (52 weeks). If the total number of hours worked by all employees on the payroll is 208,000, then the number of Full-Time Equivalents (FTE) is 100 (employees). The FTE calculation for a specific occupational category such as Registered nurses is exactly the same. The calculation for each occupational category should be based on the number of hours worked by staff employed in that specific category.

- 8a. **Physicians and dentists.** Include only those physicians and dentists engaged in clinical practice and on the payroll. Those who hold administrative positions should be reported in "All other personnel."
- c. **Other trainees.** A trainee is a person who has not completed the necessary requirements for certification or met the qualifications required for full salary under a related occupational category. Exclude medical and dental residents/interns who should be reported on line 7b.
- d. **Registered nurses.** Nurses who have graduated from approved schools of nursing and who are currently registered by the state. They are responsible for the nature and quality of all nursing care that patients receive. Do not include any registered nurses more appropriately reported in other occupational categories, such as facility administrators, and therefore listed under "All other personnel."
- e. **Licensed practical (vocational) nurses.** Nurses who have graduated from an approved school of practical (vocational) nursing who work under the supervision of registered nurses and/or physicians.
- f. **Nursing assistive personnel.** Certified nursing assistant or equivalent unlicensed staff assigned to patient care units and reporting to nursing.
- g. **All other personnel.** This should include all other personnel not already accounted for in other categories.
- h. **Total facility personnel.** This line is to include the total facility personnel - hospital plus nursing home type unit/facility personnel (for those hospitals that own and operate a nursing home type unit/facility).
- i. **Nursing home type unit/facility personnel.** This line should be filled out only by hospitals that own and operate a nursing home type unit/ facility, where only one legal entity is vested with title to the physical property or operates under the authority of a duly executed lease of the physical property. If nursing home type unit/facility personnel are reported on the total facility personnel line, but cannot be broken out, please write, "cannot break out" on this line.

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

TEXAS DEPARTMENT OF HEALTH SURVEY SUPPLEMENT

The Texas Department of Health hospital data survey supplement requests more specific information for several areas previously addressed in the American Hospital Association survey. Please be consistent in using established definitions and in coordinating responses between similar sections of the survey and supplement when referenced.

F. OWNERSHIP

1. Please classify the ownership of your hospital. (check only one):

GOVERNMENT, NONFEDERAL

- ☐ 12 State
☐ 13 County
☐ 14 City
☐ 15 City-County
☐ 16 Hospital District
☐ 17 Hospital Authority

NONGOVERNMENT, NOT-FOR-PROFIT

- ☐ 21 Church
☐ 23 Other not-for-profit

INVESTOR-OWNED, FOR-PROFIT

- ☐ 31 Individual
☐ 32 Partnership
☐ 33 Corporation

2. Did the ownership of your facility change during this reporting period or from your previous reporting period?

☐ YES ☐ NO

a. IF YES, using the numerical ownership classification above, what was the ownership before the change? _____

G. INPATIENT NEWBORN CARE

1. Indicate total number of deliveries for your fiscal year. Deliveries should be considered as occurring at 20 or more weeks of gestation. Deliveries CAN be different than BIRTHS (item E.1.c.1, page 13). Stillbirths are to be included with deliveries and multiple births count as ONE delivery.
2. If your hospital **DOES NOT HAVE** a neonatal care unit, indicate the number of newborns transferred from your hospital to other hospitals for neonatal care
3. If your hospital **HAS** a neonatal care unit,
 - a. Indicate the number of newborns admitted **TO** the unit as transfers from other hospitals
 - b. Indicate the number of newborns transferred **FROM** your hospital to other hospitals for further inpatient care .
 - c. Indicate the number of newborns delivered at your hospital and admitted to your neonatal unit

H. PSYCHIATRIC, ALCOHOLISM/CHEMICAL DEPENDENCY, MENTAL RETARDATION AND PARTIAL HOSPITALIZATION CARE

1. **Inpatient Care/Partial Hospitalization.** Please indicate the number of admissions, discharges and inpatient days for each of the categories of care specified below. Count each admission and discharge only once according to the major category of care provided. For partial hospitalization record admissions, discharges and number of visits.

	2002 Hospital		Inpatient Days
	<u>Admissions</u>	<u>Discharges</u>	<u>/Visits</u>
a. Psychiatric, 30 days or less	_____	_____	_____
b. Psychiatric, more than 30 days	_____	_____	_____
c. Chemical dependency (including Alcoholism)	_____	_____	_____
d. Mental Retardation	_____	_____	_____
e. Partial hospitalization	_____	_____	_____

2. **Outpatient Visits.** Please record the number of psychiatric and chemical dependency (including alcoholism) outpatient visits for each of the categories below. Do not report occasions of service in any category.

	2002 Hospital	
	<u>Psychiatric Visits</u>	<u>Chemical Dependency (including Alcoholism) Visits</u>
a. Emergency	_____	_____
b. Clinic/Other	_____	_____
c. Total	_____	_____

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

SECTION G INPATIENT NEWBORN CARE

1. Deliveries are counted DIFFERENTLY than live births (as recorded in BIRTHS, item E.1.c.1, page 13). Stillbirths are to be included with deliveries and multiple births count as only ONE delivery.
2. If your hospital does not have a neonatal care unit as defined below, complete item G2 as applicable.
3. If your hospital has a neonatal intermediate and/or intensive care unit as defined below, complete items G3a. and b. as applicable.

Neonatal intermediate care unit: A unit that must be separate from the normal newborn nursery and that provides intermediate and/or recovery care and some specialized services, including immediate resuscitation, intravenous therapy, and capacity for prolonged oxygen therapy and monitoring.

Neonatal intensive care unit: A unit that must be separate from the newborn nursery providing intensive care to all sick infants including those with the very lowest birthweights (less than 1500 grams). NICU has potential for providing mechanical ventilation, neonatal surgery and specialty care for the sickest infants born in the hospital or transferred from another institution. A full-time neonatologist serves as director of the NICU.

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

I. MEDICAID DISPROPORTIONATE SHARE HOSPITAL (DSH) PROGRAM

COMPLETION OF THIS SECTION IS MANDATORY, REGARDLESS OF WHETHER YOUR HOSPITAL EXPECTS TO BE A MEDICAID DSH PROVIDER. ALONG WITH OTHER DATA SOURCES AND OTHER VARIABLES FROM THIS SURVEY, the following data will be used to determine eligibility for the Texas Medicaid DSH Program. Your hospital may not qualify for the Texas Medicaid DSH Program if this section is not completed. PLEASE USE THE DEFINITIONS ON PAGE 20 IN COMPLETING THIS SECTION. THE DEFINITIONS FOR BAD DEBT CHARGES AND CHARITY CHARGES IN ITEMS 1 AND 2 ARE SPECIFIC TO THE DSH PROGRAM AND ARE DIFFERENT FROM THE AHA DEFINITIONS (pages 13-14). The complete DSH program rules are found in 1 Texas Administrative Code §355.8065. Please call the Bureau of Reimbursement Analysis and Contract Compliance at (512) 794-6858 or (512) 794-6893 if you have questions about this section or the Medicaid DSH Program.

1. INPATIENT AND OUTPATIENT BAD DEBT CHARGES

a. Inpatient Bad Debt charges	\$	
b. Outpatient Bad Debt charges	\$	
c. TOTAL BAD DEBT CHARGES (please add lines a and b)	\$	

2. INPATIENT AND OUTPATIENT CHARITY CHARGES

a. Inpatient Charity charges	\$	
b. Outpatient Charity charges	\$	
c. TOTAL CHARITY CHARGES (please add lines a and b)	\$	

3. PAYMENTS RECEIVED FOR INPATIENT CARE FROM OTHER GOVERNMENTAL SOURCES

Exclude Medicaid Payments

PAYMENTS
RECEIVED

a. Local Government - Inpatient Care Only (County, City)	\$	
b. State Government - Inpatient Care Only (CIDC, Kidney Health Care, etc.)	\$	

4. INPATIENT DAYS

INPATIENT DAYS

a. Please report the total number of newborn nursery days		
b. Please report the total number of swing bed inpatient days that the swing beds were used in the provision of swing services		

5. NON-TEXAS RESIDENT MEDICAID ELIGIBLE PATIENTS

Please report the total number of inpatient days attributable to individuals eligible for Medicaid in another state - (please exclude Medicaid days reported in E.2.d.1 on page 13)

J. OTHER FINANCIAL AND UTILIZATION DATA — (Please see the definitions on page 20 in completing this section.)

1. FINANCIAL DATA

a. TOTAL GROSS PATIENT SERVICE REVENUE FROM SELECTED GOVERNMENT SOURCES

GROSS SOURCES
OF REVENUE

(1) Medicaid (including Inpatient and Outpatient)		
(a) Non-Managed Care Medicaid	\$	
(b) Medicaid Managed Care	\$	
(c) TOTAL MEDICAID (please add lines a through b - Must equal E.6.a.2.c.(1) on page 15)	\$	
(2) Other Government Sources of Revenue (including Inpatient and Outpatient)		
(a) Local Government (County, City)	\$	
(b) State Government (CIDC, Kidney Health Care, CHIP, etc.)	\$	
(c) Other Government (CHAMPUS, etc., please specify: (_____)	\$	
(d) TOTAL Other Government (please add lines a through c - Must equal E.6.a.3. (1) on page 15).	\$	

b. Medicaid Disproportionate Share Hospital Payments (DSH)	\$	
---	----	--

c. TOTAL ASSETS AND LIABILITIES

ASSETS/LIABILITIES

(1) Please report the amount of total hospital assets	\$	
(2) Please report the amount of total hospital liabilities and fund balance	\$	

d. CHARITABLE CONTRIBUTIONS -

CHARITABLE
CONTRIBUTIONS

Indicate charitable contributions received by your hospital during this fiscal year (exclude contributions which are restricted to capital expenditure usage)	\$	
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2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

SECTION I DEFINITIONS APPLICABLE TO SECTION I CONCERNING THE MEDICAID DISPROPORTIONATE SHARE HOSPITAL PROGRAM

Please use the following definitions in completing Section I:

Charity Care:	The unreimbursed cost to a hospital of providing, funding or otherwise financially supporting healthcare services on an inpatient or outpatient basis to a person classified by the hospital as financially or medically indigent or providing, funding or otherwise financially supporting healthcare services provided to financially indigent patients through other nonprofit or public outpatient clinics, hospitals, or health care organizations.
Bad Debt charges:	Uncollectible inpatient and outpatient charges that result from the extension of credit.
Charity charges:	Total amount of hospital charges for inpatient and outpatient services attributable to charity care in a cost reporting period. These charges do not include bad debt charges, contractual allowances or discounts (other than for indigent patients not eligible for medical assistance under the approved Medicaid state plan); that is, reductions or discounts in charges given to other third party payers such as, but not limited to, health maintenance organizations, Medicare, or Blue Cross.
Financially indigent:	An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.
Medically indigent:	A person whose medical or hospital bills after payment by third-party payers exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and the person is financially unable to pay the remaining bill.
Local Government Inpatient -	Payments received for inpatient hospital services that were provided under the county Indigent Health Care Program or that were the responsibility of any city or county governmental program. DO NOT include care which was provided under your facility's charity care policy, e.g., hospital district patients.
State Government Inpatient-	Payments received for inpatient hospital services which were the responsibility of a unit of state government such as the Children with Special Health Care Needs, and the Kidney Health Program, and the Children's program (CHIP), etc.
Newborn Days	Report the number of inpatient days for normal newborn nursery. DO <u>NOT</u> include neonatal intensive or intermediate care inpatient days.
Swing Bed Services	A hospital bed that can be used to provide either acute or long-term care depending on community or patient needs. To be eligible a hospital must have a Medicare provider agreement in place, have fewer than 100 beds, be located in a rural area, do not have a 24 hour nursing service waiver in effect, have not been terminated from the program in the prior two years, and meet various service conditions.

SECTION J OTHER FINANCIAL AND UTILIZATION DATA

Account for all hospital admissions and patient days by the sources indicated. Exclude newborn utilization.

Please use the following definitions in completing Section J:

Local Government:	Inpatient and Outpatient hospital services that were provided under the county Indigent Health Care Program or that were the responsibility of any city or county governmental program. DO <u>NOT</u> include care which was provided under your facility's charity care policy, e.g., hospital district patients.
State Government:	Inpatient and Outpatient patient hospital services which were the responsibility of a unit of state government such as the Children with Special Health Care Needs, and the Kidney Health Program, etc.
Self Pay:	Hospital services for patients without any form of health insurance coverage, or hospital services not covered by a given patient's insurance.
Third Party Payor:	Hospital services which were the responsibility of Blue Cross/Blue Shield and <u>other commercial and /or private insurers</u> .
Managed Care:	Systems that integrate the financing and delivery of healthcare services to covered individuals by means of arrangements with selected providers to furnish comprehensive services to covered individuals, explicit criteria for the selection of participating health-care providers, differential coverage or payments of financial incentives for covered individuals to use providers and procedures associated with the plan and formal programs for quality assurance and utilization review.
Medicaid DSH:	Medicaid DSH payments received during the reporting period. These DSH payments should match the payments included in Net Patient Revenue E.3.a.

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

J. OTHER FINANCIAL AND UTILIZATION DATA (continued)

Do not include newborn utilization. Please see the definitions on page 20 in completing this section.

2. **ADMISSIONS** - Indicate total hospital admissions for your fiscal year for each of the categories specified in section J.2. Count each admission **only once** according to the **MAJOR PAYOR SOURCE** of the patient.

ADMISSIONS

a. GOVERNMENT SOURCES OF REVENUE ADMISSIONS

- (1) Medicare (Title XVIII) inpatient admissions (including Medicare Managed Care).....
- (a) How many Medicare admissions were Medicare Managed Care.....
- (2) Medicaid (Title XIX) inpatient admissions (including Medicaid Managed Care).....
- (a) How many Medicaid admissions were Medicaid Managed Care.....
- (3) Other Government Sources of Revenue admissions
- (a) Local Government admissions (County, City)
- (b) State Government admissions (CIDC, Kidney Health Care, CHIP, etc.)
- (c) Other Government admissions (CHAMPUS, etc.)
- (d) **Total Other Government admissions (add lines a through c)**
- (4) **TOTAL Government Sources of Revenue admissions (add lines 2a(1), 2a(2) and 2a(3)(d))**.....

b. NONGOVERNMENT SOURCES OF REVENUE ADMISSIONS

- (1) Self Pay admissions.....
- (2) Nongovernment Third-Party Payors admissions
- (a) HMO admissions.....
- (b) PPO admissions.....
- (c) Other third-party payor admissions.....
- (d) **TOTAL Nongovernment Third-Party Payors admissions (add lines a through c)**.....
- (3) Other Nongovernment admissions (please specify: _____).....
- (4) **TOTAL Nongovernment Sources of Revenue admissions (add lines 2b(1), 2b(2)(d) and 2b(3))**.....

c. TOTAL ADMISSIONS (add lines 2.a.4 and 2.b.4 - must equal E.1.d.1 on page 13).....

3. **SELECTED INPATIENT DAYS** - **ONLY** report inpatient days for these specific services **IF** the number of beds reported on page 5 for these services is greater than zero. See page 22 for definitions.

INPATIENT DAYS

- a. General medical-surgical care inpatient days (adult, include gynecology)
- b. Pediatric medical-surgical care inpatient days.....
- c. Cardiac intensive care inpatient days.....
- d. Pediatric intensive care inpatient days.....
- e. Obstetric care inpatient days

4. ADDITIONAL DATA

Please see the definitions on page 22 in completing this section.

- a. Total Discharges (exclude newborns, include neonatal and swing discharges).....
- b. Total Discharge days (EXCLUDE newborns, INCLUDE neonatal and swing days).....
- c. Medicare/Medicaid visits and revenue:
- | | <u>ER visits</u> | <u>Outpatient visits</u> | <u>ER revenue</u> | <u>Outpatient revenue</u> |
|--------------------------------|------------------|--------------------------|-------------------|---------------------------|
| (1) Routine Medicare..... | _____ | _____ | _____ | _____ |
| (2) Medicare managed care..... | _____ | _____ | _____ | _____ |
| (3) Routine Medicaid..... | _____ | _____ | _____ | _____ |
| (4) Medicaid managed care..... | _____ | _____ | _____ | _____ |

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

SECTION J OTHER FINANCIAL AND UTILIZATION DATA

J.3.

Selected Inpatient Days: Only report inpatient days for the specific category (i.e., pediatric, cardiac, etc.) and only if you have reported beds for that same category on page 5.

For example: Your hospital had pediatric patients but you have 0 (zero) beds reported on page 5, item C.2. You must report 0 (zero) pediatric inpatient days (these days would be included in the general medical/surgical category if you have reported beds for this category on page 5, item C.1.)

Please refer to page 6 for definitions of the various categories of care.

J.4.a.

Total Discharges: Report the number of adult and pediatric discharges only (exclude newborns). This figure should include all patients discharged during the reporting period.

J.4.b.

Total Discharge Days: Report the total number of patient days rendered to patients discharged during the reporting period; include days of care rendered to those patients prior to the beginning of the reporting period.

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

K. IMMUNIZATION

Please refer to page 24 in completing this section. If you have questions please contact the Immunization Division, Texas Department of Health at (800) 252-9152.

1. HEPATITIS B PREVENTION SECTION

	YES	NO
a. Does your hospital have or provide on-site prenatal clinic services?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. If <u>yes</u> , does the prenatal clinic have a policy to screen all pregnant women for hepatitis B surface antigen (HBsAg) at their first prenatal visit? (Please attach a copy of this policy.).....	<input type="checkbox"/>	<input type="checkbox"/>
c. Does your hospital have a policy to screen all pregnant women for HBsAg upon admission for delivery? (If <u>yes</u> , please attach a copy of this policy.).....	<input type="checkbox"/>	<input type="checkbox"/>
d. Number of women screened for HBsAg positive at delivery during 2002.....		
e. Number of women identified as HBsAg positive at delivery during 2002.....		
f. Does your hospital have a policy to administer HBIG and dose 1 of hepatitis B vaccine to infants born to HBsAg positive women? (If <u>yes</u> , please attach a copy of this policy.).....	<input type="checkbox"/>	<input type="checkbox"/>
g. Number of infants receiving HBIG at delivery during 2002.....		
h. Does the hospital have a protocol for communicating a pregnant woman's HBsAg status to her primary care provider and/or obstetrician?.....	<input type="checkbox"/>	<input type="checkbox"/>
i. Does your hospital have a policy to administer dose 1 of hepatitis B vaccine to all newborns before they leave the hospital? (If <u>yes</u> , please attach a copy of this policy.).....	<input type="checkbox"/>	<input type="checkbox"/>

2. RUBELLA-SUSCEPTIBILITY SECTION

a. Does your hospital vaccinate rubella-susceptible mothers with MMR following delivery?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Number of women who received MMR after delivery last year?		
c. Does the hospital have a protocol for communicating the rubella-susceptibility status to the woman's primary care provider and OB/Gyn?.....	<input type="checkbox"/>	<input type="checkbox"/>

3. Does your hospital have an employee immunization policy? (If yes, please attach a copy of the policy.).....

a. If yes, indicate the type of employee policy below and vaccine/s included (please check only one box for each vaccine):

	<u>MMR</u>	<u>Hepatitis B</u>	<u>Influenza</u>	<u>Tetanus-Diphtheria</u>	<u>Varicella</u>
Mandatory for employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended for employment:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
or					
Combination immunization policy:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
b. If yes, does your hospital's policy mandate that employee immunization records be kept on file?	<input type="checkbox"/>	<input type="checkbox"/>

4. Does your hospital have a patient immunization policy? (If yes, please attach a copy of the policy.).....

If yes, does your hospital vaccinate patients against the following (mark the block if yes):

a. Influenza <input type="checkbox"/>	b. Pneumococcal disease <input type="checkbox"/>	c. Tetanus/Diphtheria <input type="checkbox"/>
d. MMR <input type="checkbox"/>	e. Varicella <input type="checkbox"/>	f. Hepatitis B <input type="checkbox"/>

L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION

Please refer to the definitions on page 26 in completing this section

CHARITY ADMISSIONS

1. CHARITY ADMISSIONS (total number of charity inpatient only).....

2. CHARITY CARE POLICY

a. Has your hospital governing body adopted a charity care policy statement and formal hospital eligibility system that it uses to determine eligibility for the charity care services it provides?

☐ YES ☐ NO (IF YES, PLEASE RETURN A COPY OF THAT POLICY WITH THIS QUESTIONNAIRE)

b. If yes, does your charity care policy address:

(1) care for the "financially indigent"? ☐ YES ☐ NO

(2) care for the "medically indigent"? ☐ YES ☐ NO

3. CHARITY PROVIDED THROUGH OTHER ORGANIZATIONS - Please indicate the unreimbursed cost of providing, funding or otherwise financially supporting health care services provided to financially indigent persons through other nonprofit or public outpatient clinics, hospitals or health care organizations..... \$

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

SECTION K IMMUNIZATION

If you have questions or need assistance in establishing any type of immunization policy (employee, patient, pregnant women, or newborns) or you would like information about hospital immunization policy and practice reviews, please contact the Immunization Division, Texas Department of Health at (800) 252-9152.

Immunization Registry

Please assure that question 19B on the State of Texas Certificate of Birth is answered by your hospital staff. Only an answer of "YES" given by the parent to the question, "Do you consent for participation in the state immunization registry (ImmTrac)?," will initiate an immunization record in ImmTrac on children born in Texas.

Hepatitis B Prevention Policy

Effective September 1, 1999, Texas law requires that all pregnant women be screened for hepatitis B surface antigen (HBsAg) at their first prenatal examination and upon admission for delivery. To eliminate transmission of hepatitis B and prevent perinatal hepatitis B infection, the Advisory Committee on Immunization Practices (ACIP) further recommends that:

- 1) infants of mothers whose test results are not immediately available should receive dose 1 of hepatitis B vaccine within 12 hours of birth;
- 2) infants of mothers later found to be HBsAg positive should receive the additional protection of hepatitis B immune globulin (HBIG) as soon as possible but within 7 days of birth;
- 3) hepatitis B vaccine be administered to all infants with dose 1 given at birth, before the infant is discharged from the hospital.

Source: *Hepatitis B Virus: A Comprehensive Strategy for Eliminating Transmission in the United States Through Universal Childhood Vaccination, Recommendations of the ACIP, November 22, 1991.*

Employee Immunization Policy

A hospital is considered to have a mandatory immunization policy if employees are REQUIRED to provide dates of vaccination or laboratory evidence of immunity.

A hospital is considered to have a recommended immunization policy if vaccines are recommended for employees but are not required for employment.

A hospital is considered to have a combination immunization policy if it REQUIRES vaccines for designated employees working in specified areas but only RECOMMENDS vaccines for other employees.

Source: *Immunization of Health-Care Workers, Recommendations of the ACIP and the Hospital Infection Control Practices Advisory Committee (HICPAC), December 26, 1997.*

Rubella Susceptibility Screening and Vaccination Policies

The ACIP recommends:

- 1) Prenatal screening should be carried out on all women not known to be immune to rubella;
- 2) Rubella-susceptible women who have just delivered babies should be vaccinated with MMR before discharge from the hospital;
- 3) Vaccination of susceptible women of childbearing age should be part of routine general, medical and gynecologic outpatient care, should take place in all family planning settings, and should be routine before discharge from a hospital for any reason, if there are no medical contraindications;
- 4) Pregnant women, persons with acute febrile illness, and persons with altered immunocompetence (except those with asymptomatic HIV infection) should not be vaccinated with any rubella-containing vaccine. Extreme caution should be exercised when vaccinating a patient with a history of anaphylactic reaction to gelatin;
- 5) Vaccinated women should be counseled to avoid conception for 3 months following vaccination.

Source: *Measles, Mumps, and Rubella--Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps: Recommendations of the ACIP, May 22, 1998.*

Hospital Immunization Practices Reviews

The Immunization Division, Texas Department of Health, is available to work with your facility to develop or implement hospital immunization policies and to review your current immunization practices. For additional information regarding hospital immunization policies and reviews, please contact the Immunization Division at (800) 252-9152.

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

L. CHARITY CARE AND COMMUNITY BENEFITS INFORMATION (continued)

Please see the definitions on page 26 in completing this section.

4. COMMUNITY BENEFITS INFORMATION

AMOUNT

a. Please provide an estimate of the unreimbursed cost of SUBSIDIZED HEALTH SERVICES reported separately for the following categories:		
(1) Emergency Care.....	\$	_____
(2) Trauma Care.....	\$	_____
(3) Neonatal Intensive Care.....	\$	_____
(4) Freestanding community clinics, e.g., rural health clinics.....	\$	_____
(5) Collaborative efforts with local government(s) and/or private agency or agencies in preventive medicine, e.g., immunization programs.....	\$	_____
(6) Other services that satisfy the definition of "subsidized health services" (please specify):		
(a) _____	\$	_____
(b) _____	\$	_____
(c) _____	\$	_____
(d) _____	\$	_____
(e) _____	\$	_____
b. Please indicate the amount of DONATIONS <u>your hospital made</u> during this reporting period		\$ _____
c. Please indicate the total amount of funds received and expenses for RESEARCH:		
(1) TOTAL AVAILABLE FUNDS	\$	_____
(2) LESS TOTAL EXPENSES	\$	_____
(3) TOTAL NET FUNDS [Item 4c(1) - item 4c(2)]	\$	_____
d. Please indicate the amount of funds received and expenses for EDUCATION separated into the following categories:		
(1) <i>Education of physicians, nurses, technicians and other medical professionals and health care providers.</i>		
(a) TOTAL AVAILABLE FUNDS	\$	_____
(b) LESS TOTAL EXPENSES	\$	_____
(c) TOTAL NET FUNDS [Item 4d(1)(a) - item 4d(1)(b)]	\$	_____
(2) <i>Scholarships and funding to medical schools, colleges, and universities for health professions education.</i>		
(a) TOTAL AVAILABLE FUNDS	\$	_____
(b) LESS TOTAL EXPENSES	\$	_____
(c) TOTAL NET FUNDS [Item 4d(2)(a) - item 4d(2)(b)]	\$	_____
(3) <i>Education of patients concerning diseases and home care in response to community needs.</i>		
(a) TOTAL AVAILABLE FUNDS	\$	_____
(b) LESS TOTAL EXPENSES	\$	_____
(c) TOTAL NET FUNDS [Item 4d(3)(a) - item 4d(3)(b)]	\$	_____
(4) <i>Community health education through informational programs, publications, and outreach activities in response to community needs.</i>		
(a) TOTAL AVAILABLE FUNDS	\$	_____
(b) LESS TOTAL EXPENSES	\$	_____
(c) TOTAL NET FUNDS [Item 4d(4)(a) - item 4d(4)(b)]	\$	_____
(5) <i>Other educational services that satisfy the definition of "education-related costs"</i>		
(a) TOTAL AVAILABLE FUNDS	\$	_____
(b) LESS TOTAL EXPENSES	\$	_____
(c) TOTAL NET FUNDS [Item 4d(5)(a) - item 4d(5)(b)]	\$	_____

2002 TEXAS DEPARTMENT OF HEALTH ANNUAL SURVEY

SECTION L CHARITY CARE AND COMMUNITY BENEFITS INFORMATION

L.2.a

Charity Care (provided by your hospital): Health care services provided, funded, or otherwise financially supported on an inpatient or outpatient basis to a person classified by the hospital as "financially indigent" or "medically indigent."

Hospital Eligibility System: The financial criteria and procedure used by a hospital to determine if a patient is eligible for charity care. The system shall include income levels and means testing indexed to the federal poverty guidelines, provided, however, that the hospital does not establish an eligibility system which sets the income level eligible for charity care lower than that required by counties under Section 61.023, or higher, in the case of the financially indigent, than 200 percent of the federal poverty guidelines. A hospital may determine that a person is financially or medically indigent pursuant to the hospital's eligibility system after health care services are provided.

L.2.b

Financially Indigent: An uninsured or underinsured person who is accepted for care with no obligation or a discounted obligation to pay for the services rendered based on the hospital's eligibility system.

Medically Indigent: A person whose medical or hospital bills after payment by third-party payors exceed a specified percentage of the patient's annual gross income, determined in accordance with the hospital's eligibility system, and who is financially unable to pay the remaining bill.

L.3

Charity Care (provided through other organizations): The total amount provided, funded or otherwise financially supported for health care services provided to financially indigent patients through **OTHER** nonprofit or public outpatient clinics, hospitals or health care organizations. **Please do NOT include charity care provided to the financially or medically indigent on an inpatient or outpatient basis in your facility.**

L.4.a

"Subsidized Health Services:" Those services provided by a hospital in response to community needs for which the reimbursement is less than the hospital's cost for providing the services and which must be subsidized by other hospital or nonprofit supporting entity revenue sources. Subsidized health services may include but are not limited to:

- emergency and trauma care;
- neonatal intensive care;
- freestanding community clinics; and
- collaborative efforts with local government or private agencies in preventive medicine, such as immunization programs.

L.4.b

Donations The unreimbursed costs of providing cash and in-kind services and gifts, including facilities, equipment, personnel, and programs, to other nonprofit or public outpatient clinics, hospitals, or health care organizations.

L.4c

Research-Related Costs: The reimbursed or unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting facilities, equipment, and personnel for medical and clinical research conducted in response to community needs.

L.4.d

Education-Related Costs: The reimbursed or unreimbursed cost to a hospital of providing, funding, or otherwise financially supporting educational benefits, services, and programs including:

- education of physicians, nurses, technicians, and other medical professionals and health care providers;
- provision of scholarships and funding to medical schools, colleges, and universities for health professions education;
- education of patients concerning diseases and home care in response to community needs; and
- community health education through informational programs, publications, and outreach activities in response to community needs.

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M. CERTIFICATION STATEMENT:

I certify that the information provided on this survey is true, complete, and correct to the best of my knowledge.

Date of Completion

Signature of Administrator

Month/Day/Year

Name (please print)

Title

Does your hospital or health system have an Internet or Homepage address? ☐ YES ☐ NO
If yes, please provide the address: http:// _____

Thank you for your cooperation in completing this survey. If there are any questions about your survey, who should be contacted?

Primary Contact (please print)

Title

() _____
Telephone number

() _____
Fax Number

Electronic/Internet Mail address

Secondary Contact (please print)

Title

() _____
Telephone number

() _____
Fax Number

Electronic/Internet Mail address

NOTE: PLEASE COPY THIS SURVEY FORM FOR YOUR HOSPITAL FILE BEFORE RETURNING THE ORIGINAL FORM TO THE TEXAS DEPARTMENT OF HEALTH. THANK YOU.

2002 ANNUAL SURVEY OF HOSPITALS

NOTE: Supplemental Information section below is part of AHA Survey. For online data entry, this section will appear after section E, page 15. Please complete this section before completing Sections F - M, Pages 17 - 27.

SUPPLEMENTAL INFORMATION

1. Does your hospital participate in any joint venture arrangements..... YES ☐ NO ☐

If yes, please provide a separate list of the name(s) and address(es) of the arrangements.

2. Does your hospital provide services through a satellite facility(s)? YES ☐ NO ☐

If yes, please provide a separate list of the name(s) and address(es) of the satellite.

3. For the titles listed below, please indicate the name and the exact title of the person who holds the position in the hospital.

	Name	Title
a. Chief Financial Officer	_____	_____
b. Chief Information Officer	_____	_____
c. Vice President, Strategic Planning	_____	_____
d. Chief of the Medical Staff	_____	_____

Use this space or an additional sheet if more space is required for comments or to elaborate on any of the information supplied on this survey. Refer to the response by page, section, and item name. Also, use this space to describe your community benefit activities.

SUPPLEMENTAL INFORMATION

1. Does your hospital participate in any joint venture arrangements? **Joint Venture is a contractual arrangement between two or more parties forming an unincorporated business. The participants in the arrangement remain independent and separate outside of the ventures purpose.**
2. Does your hospital provide services through a satellite facility(s)? **Satellite Services are available at a facility geographically remote from the hospital campus.**